PAGE 1 / 14

Image# 201607209021702354

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	r Other Than An Auth	orized Committee	r	Office Use Only
NAME OF TOOMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing over the lines.	type 12FE4M	15
AMERICANS FOR ACC	OUNTABILITY IN L	EADERSHIP	<u> </u>	
ADDRESS (number and street)	2150 RIVER PLAZA DR. #15	50		
Check if different than previously reported. (ACC)	SACRAMENTO		CA	95833
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	Y 🛦	STATE ▲	ZIP CODE ▲
C C00514224	3. IS	THIS NE		AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Mar Apr 2 (c) 12-Day PRE-Election Report for the:	20 (M3) X Jun 20 (M4) Jul Primary (12P) Convention (12 n on General (30G)	20 (M6) Se 20 (M7) Oc Genera	Nov 20 (M11)
5. Covering Period 05	01 / 2016	through	05 / 31	2016
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of David Bauer	my knowledge and be	ief it is true, correct a	and complete.
Signature of Treasurer David E	Bauer	[Electronically F		
NOTE: Submission of false, erroneo Office	us, or incomplete information	may subject the persor	signing this Report to	FEC FORM 3X
Use Only				Rev. 12/2004

	FEC Form 3X (Rev. 02/2003) ite or Type Committee Name MERICANS FOR ACCOUNTAB	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS ILITY IN LEADERSHIP	Page 2
Re	port Covering the Period: From:	05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 05 / 31 / 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		14486.55
	(b) Cash on Hand at Beginning of Reporting Period	13976.55	
	(c) Total Receipts (from Line 19)	95000.00	95200.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108976.55	109686.55
7.	Total Disbursements (from Line 31)	78935.77	79645.77
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30040.78	30040.78
1	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

22955.21

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

10. Debts and Obligations Owed **BY** the Committee (Itemize all on

Schedule C and/or Schedule D)

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A)	95000.00	95000.00		
(ii) Unitemized(iii) TOTAL (add	0.00	0.00		
Lines 11(a)(i) and (ii)▶	95000.00	95000.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	95000.00	95000.00		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	200.00		
to Federal Candidates and Other Political Committees	0.00	0.00		
17. Other Federal Receipts (Dividends, Interest, etc.)18. Transfers from Non-Federal and Levin Fun	0.00	0.00		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	95000.00	95200.00		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	95000.00	95200.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	g Expenditures: —— cated Federal/Non-Federal		Juichidal Teal-to-Date
	rity (from Schedule H4)		
(i)	Federal Share	0.00	0.00
(ii)	Non-Federal Share	0.00	0.00
` '	r Federal Operating		
	enditures	5233.45	5943.45
	Operating Expenditures	5000.45	5943.45
	21(a)(i), (a)(ii), and (b))	5233.45	3943.43
	to Affiliated/Other Party	0.00	0.00
Contribut			
and Othe	r Political Committees	0.00	0.00
-	ent Expenditures	72700 20	70700 00
Coordina	edule E)ted Party Expenditures	73702.32	73702.32
(2 U.S.C.	§441a(d)) edule F)	0.00	0.00
(use son	edule 1)		
6. Loan Re _l	payments Made	0.00	0.00
			200
7. Loans Ma	adeof Contributions To:	0.00	0.00
(a) Indiv	iduals/Persons Other	0.00	0.00
inar	Political Committees	0.00	0.00
(b) Polit	ical Party Committees	0.00	0.00
	r Political Committees		
(suc	n as PACs)	0.00	0.00
(d) Total	Contribution Refunds		
` '	Lines 28(a), (b), and (c))▶	0.00	0.00
(3.3.3.		7	
9. Other Dis	sbursements	0.00	0.00
	Election Activity (2 U.S.C. §431(20)) eated Federal Election Activity		
. ,	Schedule H6)		
	ederal Share	0.00	0.00
.,	-		
	Levin" Share	0.00	0.00
	eral Election Activity Paid Entirely	0.00	0.00
	With Federal Funds Federal Election Activity (add	0.00	0.00
. ,	es 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
	()() (-)()		
	oursements (add Lines 21(c), 22,		
23, 24, 2	5, 26, 27, 28(d), 29 and 30(c))	78935.77	79645.77
O Total Fac	aral Dishuraamanta		
	eral Disbursements Line 21(a)(ii) and Line 30(a)(ii)		
	2 31)	78935.77	79645.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	95000.00	95000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95000.00	95000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	5233.45	5943.45
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	200.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	5233.45	5743.45

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F3XA Transaction ID :

Sch. B lines 21, 24

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

14

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP Full Name (Last, First, Middle Initial) . SANTA YNEZ BAND OF Date of Receipt Mailing Address P.O. BOX 517 2016 05 20 City Zip Code State Transaction ID: INCA147 SANTA YNEZ CA 93460 Amount of Each Receipt this Period FEC ID number of contributing C 20000.00 federal political committee. Memo Item Name of Employer Occupation SOVEREIGN NATION **INDIAN TRIBE** Receipt For: Aggregate Year-to-Date ▼ Primary General 20000.00 Other (specify) Full Name (Last, First, Middle Initial) B. . UNITED AUBURN INDIAN COMMUNITY Date of Receipt Mailing Address 455 CAPITOL MALL #600 05 23 2016 City State Zip Code **Transaction ID: INCA151 SACRAMENTO** CA 95814 Amount of Each Receipt this Period FEC ID number of contributing 20000.00 federal political committee. Memo Item Name of Employer Occupation **SOVEREIGN NATION** INDIAN TRIBE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 20000.00 Full Name (Last, First, Middle Initial) c. PICAYUNE RANCHERIA OF THE CHUK Date of Receipt Mailing Address 46575 RD. 417 05 24 2016 City State Zip Code **Transaction ID: INCA157** CA COARSEGOLD 93614 Amount of Each Receipt this Period

Other (specify) ▼	25000.00								
SUBTOTAL of Receipts This Page (optional)				7	Ξ	- 7	6!	5000.00)
TOTAL This Period (last page this line number			7						

С

Occupation

INDIAN TRIBE

Aggregate Year-to-Date ▼

FEC ID number of contributing

General

federal political committee.

Name of Employer

Primary

Receipt For:

SOVEREIGN NATION

25000.00

Memo Item

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOU	NTABILITY IN LEADERSHIP	
Full Name (Last, First, Middle Initial) . FOREST COUNTY POTAWATO Mailing Address 7 N. PINCKEY ST. #300		Date of Receipt
City	State Zip Code	05 26 2016 Transaction ID : INCA158
MADISON FEC ID number of contributing federal political committee.	WI 53703	Amount of Each Receipt this Period
Name of Employer SOVEREIGN NATION Receipt For: Primary General Other (specify) ▼	Occupation INDIAN TRIBE Aggregate Year-to-Date ▼ 10000.00	Memo Item
Full Name (Last, First, Middle Initial) . COLUSA INDIAN COMMUNIT	TY COUNCI	Date of Receipt
Mailing Address 3730 HIGHWAY 45 City COLUSA	State Zip Code CA 95932	05 27 2016 Transaction ID : INCA162 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20000.00
Name of Employer SOVEREIGN NATION	Occupation INDIAN TRIBE	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	
Full Name (Last, First, Middle Initial)	I	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Tariouni of Easi Floodija tilis i cilod
Name of Employer	Occupation	- Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	30000.00
TOTAL This Period (last page this line nu	<u> </u>	95000.00

Detailed Surmary Page	SCHEDULE B (FEC Form 3X)	Hee cond	arate schedulo(s)	de(a) TOTT EINE NOWIDETT.			9 O	OF 14	
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP Full Name (Last, First, Middle Initial) - WANNE JOHNSON AGENCY Mailing Address 2150 RIVER PLAZA DR. #150 City Slate Zip Code SACRAMENTO CA 95833 Purpose of Disbursement Category' State: District: Full Name (Last, First, Middle Initial) - DAVID BAUER Mailing Address City Slate Zip Code Sanata President Disbursement For: 2016 Sanata President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Category' Full Name (Last, First, Middle Initial) Date of Disbursement Category' Transaction ID: EXPB158 Amount of Each Disbursement Category' Transaction ID: EXPB159 Amount of Each Disbursement this Perioc Category' Transaction ID: EXPB159 Amount of Each Disbursement this Perioc Category' Transaction ID: EXPB159 Amount of Each Disbursement this Perioc Category' Transaction ID: EXPB159 Amount of Each Disbursement this Perioc Category' Transaction ID: EXPB159 Amount of Each Disbursement this Perioc Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: Date of Disbursement this Perioc Category' Type Memo Item State: Senate Primary Category' Type Memo Item State: Senate Primary Category' Type Memo Item State: Senate Primary Category' Type Memo Item Substrusement this Perioc	TEMIZED DISBURSEMENTS	for each	category of the	× 21b	22				20
NAME OF COMMITTEE (in Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP Full Name (Last, First, Middle Initial) Date of Disbursement CAMPAIGN CONSULTING Cardidate Name Callegory/ Type Date of Disbursement Callegory/ Type Transaction ID : EXPB156 Amount of Each Disbursement Callegory/ Type Date of Disbursement Amount of Each Disbursement Callegory/ Type Transaction ID : EXPB156 Amount of Each Disbursement Callegory/ Type Date of Disbursement Accountmins Suc. Callegory/ Type Callegory/ Type Amount of Each Disbursement this Perioc Callegory/ Type Amount of Each Disbursement this Perioc Callegory/ Type Callegory/ Type Date of Disbursement Callegory/ Type Amount of Each Disbursement this Perioc Callegory/ Type Callegory/ Type Amount of Each Disbursement this Perioc Callegory/ Type Amount of Each Disbursement Callegory/ Type Memo Item Senate President Other (specify) ▼ State Disbursement For: Callegory/ Type Callegory/ Type Amount of Each Disbursement this Perioc Callegory/ Type Amount of Each Disbursement Callegory/ Type Amount of Each Disbursement Callegory/ Type Amount of Each Disbursement Callegory/ Type Typ									
Mailing Address 2150 RIVER PLAZA DR. #150 City State Zip Code SACRAMENTO CA 95833 Purpose of Disbursement CAMPAIGN CONSULTING Candidate Name Candidate Name Category' Sociate President CA 95833 Primary General Date of Disbursement this Perioc Category' 130.00 Memo Item Transaction ID : EXPB159 Amount of Each Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Amount of Each Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Amount of Each Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Category' 130.00 Memo Item Date of Disbursement this Perioc Cate	NAME OF COMMITTEE (In Full)				Solicit col	THIDUTIONS	s HOIII SUCII	COMMITTEE	
Mailing Address 2150 RIVER PLAZA DR. #150 City SACRAMENTO CANMPAIGN CONSULTING CAMPAIGN CONSULTING CAMPAIGN CONSULTING Candidate Name Disbursement For: 2016 Senate President President President State: Disbursement CACCOUNTING SVC. Candidate Name Disbursement For: 2016 Sacrament For	_				Date of	f Disburse	ement		
SACRAMENTO CAMPAIGN CONSULTING Candidate Name Office Sought:									Y
CAMPAIGN CONSULTING Candidate Name Category/ Type Disbursement For: 2016 Senate President State: District: Full Name (Last, First, Middle Initial) DAVID BAUER Mailing Address 2150 RIVER PLAZA DR. #150 City Sacrate President ACCOUNTING SVC. Candidate Name Disbursement Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type District: Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item State: District: Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Date	SACRAMENTO				Trans	action ID	: EXPB156		
Office Sought: House Senate President State: Disbursement For: 2016 State: District: Full Name (Last, First, Middle Initial)	•			001	Amount	t of Each	Disburseme	nt this P	eriod
Office Sought: House Senate Senate Prisident Other (specify) V State: District: Pull Name (Last, First, Middle Initial) DAVID BAUER Mailing Address 2150 RIVER PLAZA DR. #150 City State Zip Code Senate Primary General Other (specify) V State Zip Code Senate Primary General Other (specify) V Mailing Address Disbursement For: Senate Primary General Other (specify) V State Zip Code Senate Primary General Other (specify) V Mailing Address City State Zip Code Primary General Other (specify) V State District: Pull Name (Last, First, Middle Initial) Date of Disbursement this Period Memo Item Amount of Each Disbursement Tor: Senate Primary General Other (specify) V Date of Disbursement Amount of Each Disbursement Tor: Senate Primary General Other (specify) V Date of Disbursement Amount of Each Disbursement Tor: Senate Primary General Other (specify) V Date of Disbursement Tor: Senate Primary General Other (specify) V Date of Disbursement This Period Other (specify) V State: District: Primary General Other (specify) V State: District: Senate Primary General Other (specify) V Substotal of Disbursements This Page (optional)	Candidate Name							5000.0	0
Full Name (Last, First, Middle Initial) Date of Disbursement City	Senate President	Primary	General		Mei	mo Item			
Date of Disbursement Mailing Address 2150 RIVER PLAZA DR. #150 City State Zip Code SACRAMENTO CA 95833 Purpose of Disbursement ACCOUNTING SVC. Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Mailing Address City State Zip Code Memo Item Date of Disbursement In									
Mailing Address 2150 RIVER PLAZA DR. #150 City State Zip Code CA 95833 Purpose of Disbursement ACCOUNTING SVC. Candidate Name	_					_		V	V
SACRAMENTO CA 95833 Purpose of Disbursement ACCOUNTING SVC. Candidate Name Office Sought: Full Name (Last, First, Middle Initial) City State City State City State Disbursement Candidate Name Office Sought: Full Name City State Disbursement Candidate Name Office Sought: District: Amount of Each Disbursement this Period Amount of Each Disbursement Mailing Address City State Category/ Type Office Sought: Disbursement Candidate Name Office Sought: Disbursement Category/ Type Memo Item Memo Item State: District: Sunate Primary General Other (specify) Type Office Sought: Senate Primary General Other (specify) State: District: Sunate Primary General Other (specify) Type Memo Item State: Substate: Substate: District: Substate: Substate: District: District: Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Amount of Each	Mailing Address 2150 RIVER PLAZA DR. #150								Y
ACCOUNTING SVC. Candidate Name Office Sought: House Senate Primary General Other (specify) Type State: District: Full Name (Last, First, Middle Initial) Category/ Type Memo Item Date of Disbursement Candidate Name Category/ Type Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type State: District: SUBTOTAL of Disbursements This Page (optional)	•				Trans	saction ID	: EXPB159		
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Amount of Each Disbursement this Period Office Sought: House Senate Primary General Other (specify) State: District: Substraction of Disbursements This Page (optional)				001	Amount	t of Each	Disburseme	nt this P	eriod
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Memoltem Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) Memoltem State: District: Subtotal of Disbursements This Page (optional)	Candidate Name							130.0	00
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Subtotal of Disbursements This Page (optional)	Senate	Primary		71-	Mer	mo Item	,		
Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Subtotal of Disbursement Amount of Each Disbursement this Period Memo Item 5130.00									
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: SUBTOTAL of Disbursements This Page (optional)								YY	Υ
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substoctal of Disbursements This Page (optional)	Mailing Address					1	<u> </u>		_
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	City	State	Zip Code						
Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement			· · · ·	A		Distant		No. of the
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Substruction State	Candidate Name				Amount				-
500 TOTAL OF DISDUISEMENTS THIS Tage (optional)	Senate President	Primary			Mer				
500 TOTAL OF DISDUISEMENTS THIS Tage (optional)								5130.0	00
					+	7			=

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

14

NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MASS MAIL **GATEWAY MEDIA** Mailing Address 2150 RIVER PLAZA DR. #150 Zip Code **SACRAMENTO** 95833 Transaction ID: PAYD164 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 95.11 95.11 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MASS MAIL FOR LAMALFA **GATEWAY MEDIA** Mailing Address 2150 RIVER PLAZA DR. #150 City State Zip Code **SACRAMENTO** 95833 CA Outstanding Balance Beginning This Period Transaction ID: PAYD165 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 22860.10 22860.10 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 22955.21 1) SUBTOTALS This Period This Page (optional)..... 22955.21 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 22955.21

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

PAGE	11	OF	14
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) AMERICANS FOR ACCOUNTABILITY	IN I FADERSHIP	FEC IDENTIFICATION NUMBER ▼
AMERICANO POR ACCOUNTABLE TO	III LEABEILOI III	C C00514224
Check if 24-hour report 48-hour report	New report Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
GATEWAY MEDIA		05 20 / Y Y Y Y Y Y
Mailing Address 2150 RIVER PLAZA DR. #150		Amount
City S	tate Zip Code	19115.00
•	CA 95833	Transaction ID : PDTE10
Purpose of Expenditure		Date of Disbursement or Obligation
PHONEBANKS	Category/ Type 24E	05 20 2016
Name of Federal Candidate	Support Off	fice Sought: X House District: 01
DOUG LAMALFA	Oppose	President Senate State: CA
Calendar Year-To-Date	Dis	sbursement For: X Primary General
Per Election for Office Sought	96657.53	
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
GATEWAY MEDIA		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 RIVER PLAZA DR. #150		Amount
City	tate Zip Code	1500.00
SACRAMENTO	CA 95833	Transaction ID : PDTE11 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
RADIO ADVERTISING	Type 24E	05 23 2016
Name of Federal Candidate	X Support Of	fice Sought: X House District: 01
DOUG LAMALFA	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General
	7	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	20615.00
(b) SUBTOTAL of Unitemized Independent Expenditure:	s	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of eit	
David Bauer	[Electronically Filed]	07 20 7 2016
Signature	Date Date	

PAGE	12	OF	14	
FOR	LINE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABILITY	IN LEADERSHIP	FEC IDENTIFICATION NUMBER ▼
		C C00514224
Check if 24-hour report 48-hour report	New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
GATEWAY MEDIA		05 24 2016
Mailing Address 2150 RIVER PLAZA DR. #150		Amount
City	State Zip Code	21467.00
1 *	CA 95833	Transaction ID : EDTEALC15 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type 24E	05 / 24 / 2016
Name of Federal Candidate	Cuppert Offi	ce Sought: X House District: 01
DOUG LAMALFA	Support Office Oppose	ce Sought: House District: 01 President Senate State: CA
Calendar Year-To-Date	Dist	pursement For: X Primary General
Per Election for Office Sought	96657.53	
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
GATEWAY MEDIA		05 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 RIVER PLAZA DR. #150		Amount
City	State Zip Code	3000.00
SACRAMENTO	CA 95833	Transaction ID : EDTEALC18 Date of Disbursement or Obligation
Purpose of Expenditure VIDEO PRODUCTION	Category/ Type 24E	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: X House District: 01
DOUG LAMALFA	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	96657.53 Disl 201	oursement For:
() 01070711 (1) 1 1 1 1 1 1 1 1		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	24467.00
(b) SUBTOTAL of Unitemized Independent Expenditure	ss	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of eith	
David Bauer	[Electronically Filed] Date	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	13	OF	14 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

				FOR LINE 24	OF FORM 3X
NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTAB	II ITY IN I EAD	FRSHIP		FEC IDENTIFICATION	N NUMBER ▼
AMERICANO I OR ACCOUNTAB		LIXOFIII		C C00514224	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D = D /	Y = Y = Y = Y
Full Name of Payee GATEWAY MEDIA		🔀 Memo It	em Date	of Public Distribution/D	issemination
				05 / 27 /	2016
Mailing Address 2150 RIVER PLAZA DR. #15	0		Amou	unt	
City	State	Zip Code			95.11
SACRAMENTO	CA	95833		action ID : PDTE12 of Disbursement or Ob	oligation
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type 24E		05 / 27 /	2016
Name of Federal Candidate		Support	Office Sough	nt: X House D	istrict: 01
DOUG LAMALFA		Oppose	Presid	lent Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		96657.53	Disbursemer 2016	nt For:	General
Full Name of Payee		☐ Memo Ite		of Public Distribution/D	No a constitue di con
GATEWAY MEDIA			Date	M M / D D /	Y Y Y Y
Mailing Address 2150 RIVER PLAZA DR. #15	0		Amou	05 27 unt	2016
City	State	Zip Code	$ \Gamma$		28620.32
SACRAMENTO	CA	95833		action ID : EDTEALC1 of Disbursement or Ob	
Purpose of Expenditure MASS MAIL		Category/ Type 24E		05 / 27 /	2016
Name of Federal Candidate		Support	Office Sough	ht: X House D	District: 01
DOUG LAMALFA		Oppose	Presid		State: CA
Calendar Year-To-Date Per Election for Office Sought		96657.53	Disbursemen 2016	nt For:	General
(a) SUBTOTAL of Itemized Independent Exper	ditures		· •		28620.32
(b) SUBTOTAL of Unitermized Independent Exp	penditures		· •		1 45 1
(c) TOTAL Independent Expenditures			•	7 7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee of	ndidate or authorized				
David Bauer	[Electron	ically Filed] Date	o7 /	20 / 2016	Y I Y
Signature					

PAGE	14 LINE 24	OF	14
FOR	LINE 24	OF FO	DRM 3X

						FOR LINE 2	4 OF FORM 3
NAME OF COMMITTEE (In Full) AMERICANS FOR ACCOUNTABIL	I ITY IN I FAD	ERSHIP			FEC ID	ENTIFICATION	ON NUMBER 1
, and the term of					C	C00514224	
Check if 24-hour report 48-hour report	New repo	ort Am	ends repo	ort filed on	= M /	D D /	Y = Y = Y = Y
Full Name of Payee GATEWAY MEDIA		>	Memo It	em Date	of Public	: Distribution/	Dissemination
				N	05 ^M	31	2016
Mailing Address 2150 RIVER PLAZA DR. #150				Amou	nt		
City	State	Zip Code			1 (0)		22860.10
SACRAMENTO	CA	95833				: PDTE13 rsement or C	Obligation
Purpose of Expenditure MASS MAIL		Category/ Type	24E		05 /	31	2016
Name of Federal Candidate		Xs	Support	Office Sough	t: >	House	District: 01
DOUG LAMALFA			Oppose	Preside	ent	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought		96657.53		Disbursemen 2016	t For: ther (sp	Primary	Genera
Full Name of Payee			Memo Ite				/Dissemination
					1 = M /	D D /	Y I Y I Y
Mailing Address				Amou	nt		
City	State	Zip Code					
				Date	of Disbu	irsement or (Obligation
Purpose of Expenditure		Category/ Type			M /		Y Y Y Y Y
Name of Federal Candidate			Support	Office Sough	nt:	House	District:
			Oppose	Preside	ent	Senate	State:
Calendar Year-To-Date Per Election for Office Sought				Disbursemen	t For: ther (sp	Primary	Genera
(a) SUBTOTAL of Itemized Independent Expendent	ditures			-	(-1	,,	0.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures			•			
(c) TOTAL Independent Expenditures				•			73702.32
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized						
David Bauer	[Electroni	ically Filed]	Date	07	20	201	
Signature							